

2121

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa District of _____
Town of Miami or _____
City of _____ No. 5 Hill St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachael Corral If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Mar. 30 - 1924
Month Day Year

8. FATHER Full name <u>Rafael Corral</u>		14. MOTHER Full maiden name <u>Consuelo Sanchez</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Durango Mex</u> (State or country)		13. Birthplace (city or place) <u>Durango Mex</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 10.4 m. on the date above stated.
(Born alive or stillborn)

Signature Byron M. Brown (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed Mar 31 19 24 E. P. D.
Filed 4-5 19 24 B. C.

933-430-329